United Nations DP/FPA/CPD/COL/6

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
30 June 2015

Original: English

Second regular session 2015
31 August to 4 September 2015, New York
Item 11 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Colombia

Proposed indicative UNFPA assistance:	$9.1 million: $4.7 million from regular resources and $4.4 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years and three months (October 2015-2019)
Cycle of assistance:	Sixth
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.9	3.3	5.2
Outcome 2	Adolescents and youth	0.7	0.4	1.1
Outcome 3	Gender equality and women's empowerment	0.75	0.25	1.0
Outcome 4	Population dynamics	0.9	0.4	1.3
Programme coordination and assistance		0.5	–	0.5
Total		4.7	4.4	9.1

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I. Situation analysis

1. With a population of 48 million in 2015 and an annual growth rate of 1.17 per cent, Colombia is an upper-middle-income country, ranking 98 out of 187 countries on the 2014 Human Development Index. An estimated 74 per cent of the population live in urban areas. For over half a century, armed conflict has affected the lives of more than 7 million people (80 per cent of which are displaced populations), with a significant humanitarian impact. Peace talks leading to an expected agreement with the guerrilla forces represent an historic opportunity to increase social investments and provide public goods to all parts of the country.

2. Colombia is a diverse, multi-ethnic, geographic and territorially complex country. Due to a strong and sustained economic performance, as well as effective social policies, the country has made unprecedented progress in equality and poverty reduction. Between 2010 and 2014, the Gini coefficient decreased from 0.56 to 0.54, and the poverty rate showed a reduction of 10 percentage points; 2.4 million people rose out of poverty and 1.5 million out of extreme poverty. Nevertheless, an estimated 269 municipalities (25 per cent) continued to suffer from armed violence, and 229 municipalities experience low institutional performance. The low capacity of local governments to provide basic social services, worsen the impact of armed conflict and perpetuate deep social gaps. Furthermore, the country faces a high risk of natural disasters, which affected two million people between 2012 and 2014 alone.

3. Women and youth, especially those living in rural areas, internally displaced persons, indigenous peoples and Afro-descendant communities, are the groups most affected by poverty. Over 27 per cent of population is younger than 28 years; poverty affects 61 per cent of the rural youth and 38 per cent of the urban youth, respectively. Enrolment rates in secondary education are low, especially in rural areas (26 per cent); 29 per cent of young people do not study or work (39 per cent among young women). The unemployment rate of young men is double the national average, and young women earn lower wages, with an unemployment rate three times the national average.

4. The indigenous and Afro-descendant populations also suffer from unfavourable indicators. Some 10 per cent of the Colombian population identify themselves as Afro-descendants and 3.4 per cent as indigenous. Colombia is the only country in Latin America that has reported the practice of female genital mutilation (in some communities of the *Embera*, comprising approximately 50,000 people, organized in over 100 autonomous communities). Moreover, a study made by the Indigenous Organization of Colombia identified gender-based violence and other harmful cultural practices as detrimental for the health of indigenous girls and women.

5. According to the National Development Plan 2014-2018, Colombia's main challenges are attaining a lasting peace, achieving an equitable and sustainable human development and expanding progress to historically excluded populations. The Government recognizes that peace not only depends on the signing of the peace accords, but also on solving serious structural problems and social and economic inequalities.

6. The total fertility rate is 2.1 children per woman, with great disparities among regions, income levels and education attainment. The adolescent fertility rate increased from 70 per 1,000 women aged 15-19 years in 1990 to 84 per 1,000 women in 2010. Nearly one in five adolescents aged 15-19 years is pregnant (19.5 per cent) or has one or more children. Adolescent mothers are more common among the following groups: young women with only primary education (46 per cent); people with low income (29.5 per cent); rural women (26.7 per cent); and displaced adolescents (30 per cent). Fertility for girls under age 15 has increased, from 2.77 per 1,000 in 2000 to 3.07 per 1,000 in 2012. The modern contraceptive prevalence rate of women aged 15-49 years is 73 per cent, although with low levels of adherence. Use of modern contraceptives among adolescents has increased, especially in unmarried but sexually active youth, from 43 per cent in 1995 to 66 per cent in 2010, with a 24 per cent unmet need for family planning.

7. The maternal mortality ratio has decreased, from 105 per 100,000 live births in 2000 to 66 per 100,000 live births in 2012; however, it is much higher in rural areas (203 per 100,000 live births); among uneducated women (213 per 100,000 live births), among indigenous women (230 per 100,000 live births); and among young adolescents under the age of 14 years (124 per 100,000 live births). Despite improvements in maternal health, the country is unlikely to achieve the Millennium Development Goal 5. The main causes of maternal mortality are toxaemia, haemorrhage, sepsis and abortion. Nearly four in five maternal deaths (79 per cent) are linked to inadequate medical treatment.

8. HIV prevalence in the general population is 0.59 per cent; it is concentrated among men who have sex with men (5.6-24 per cent), transgender women (10-19 per cent), intravenous drug users (1.9-3.8 per cent); and women sex workers (0.3-2.1 per cent). The group most affected by the HIV epidemic are youth aged 25-29 years. Access to voluntary testing is limited (28 per cent among young people).

9. Colombia is committed to achieving gender equality, adheres to international recommendations, and has promulgated laws to respond to gender-based violence and guarantee a violence-free life for all women. Gender-based violence remains a serious problem; however, data in this area is deficient. An estimated 75 per cent of women have reported gender-based violence and 6 per cent have reported sexual violence. Gender-based violence is strongly related to poverty, violence caused by armed groups and a predominantly patriarchal culture.

10. Colombia has a decentralized administrative structure; there is an uneven capacity to access and use socio-demographic data, presenting a strong obstacle to development planning and local governance. Strengthening local capacities and improving the availability and use of data are among the priorities of the National Development Plan 2014-2018, including the implementation of the 17th national population census and the 7th housing census.

II. Past cooperation and lessons learned

11. The fifth country programme (2008-2012) was extended for three years, until 1 October 2015, addressing the priorities of the National Development Plan 2006-2014 and the previous and current UNFPA strategic plan (2007-2013 and 2014-2017).

12. The 2014 country programme evaluation highlighted the following achievements: (a) sexual and reproductive health and rights, gender, cultural and youth approaches were positioned in 11 national policies; (b) 120 municipalities incorporated population dynamics analysis in their planning processes; (c) 2,500 local planners were trained to use evidence-based information for the elaboration of local development and health plans; (d) 7,500 health workers were prepared to deliver integrated sexual reproductive health services; (e) 11,700 teachers were trained to implement the Sexual Education and Citizenship Building Programme; (f) 650 municipalities adopted the adolescent and youth-friendly health services model; (g) over 60 women's and youth organizations and networks were trained in policy formulation and monitoring of programmes, policies and international commitments; (h) 9.000 school teachers, women leaders and traditional midwives were trained to include gender-based violence prevention in local humanitarian responses; (i) two *Embera* indigenous communities announced the abandonment of female genital mutilation; (j) 17 technical methodologies were developed to increase the quality of socio-demographic data; (k) over 20 studies on population dynamics were conducted and disseminated; (l) $33 million (85 per cent from the Government) were mobilized through co-financing mechanisms during the programme cycle.

13. The evaluation provided several lessons: (a) partnership with national institutions strengthened their capacity to develop and implement policies, programmes and sustainable models of sexual and reproductive health; (b) joint work with social and community organizations empowered them to promote and demand human rights, with emphasis on sexual and reproductive rights; (c) a knowledge

management strategy on population dynamics facilitated local planning and improved governance of municipalities.

14. The evaluation recommended that the programme (a) concentrate efforts on reducing gaps and strengthen capacities of institutions and communities in remote and rural areas as well as populations affected by the armed conflict; (b) strengthen advocacy and policy dialogue to reduce the identified gaps in maternal mortality and adolescent pregnancy; (c) strengthen the national and local strategies to reduce barriers of access to sexual and reproductive health services; (d) consolidate strategies to increase coverage of the comprehensive sexual education programme; (e) support the formulation and implementation of models for the prevention and response of gender-based violence, especially for sexual violence; (f) continue supporting the collection, analysis and dissemination of information and evidence on population dynamics; (g) strengthen national and local institutions for South-South and triangular cooperation; (h) prioritize resource mobilization in support of the Programme of Action of the International Conference on Population and Development (ICPD).

III. Proposed programme

15. The proposed programme was developed in consultation with the Government, strategic partners, civil society and United Nations organizations. It is aligned with the national priorities in the National Development Plan 2014-2018; the United Nations Development Assistance Framework 2015-2019; the Programme of Action of the ICPD and the UNFPA Strategic Plan, 2014-2017, and will be harmonized with the sustainable development goals.

16. The programme will focus on advocacy and policy dialogue in support of government efforts to achieve universal access to sexual and reproductive health, reduce maternal mortality and adolescent pregnancy in the most excluded and marginalized populations, such as those affected by armed conflict, rural dwellers, indigenous and Afro-descendant populations, with an emphasis on adolescents, youth and women. These efforts will be complemented by the generation of evidence and knowledge management strategies, and the human rights-based approach will be sensitive to gender and sociocultural diversity. UNFPA will support South-South and triangular cooperation.

A. Outcome 1: Sexual and reproductive health

17. Output 1: Increased capacity of national and local authorities for the delivery of integrated quality sexual and reproductive health services (maternal health, adolescent sexual health, family planning, HIV and gender-based violence prevention) that include a human rights and gender equality approach, focusing on vulnerable groups and humanitarian settings. UNFPA will achieve this output through advocacy, policy dialogue and knowledge management to (a) facilitate the implementation of the National Policy of Sexuality and Sexual and Reproductive Rights at local levels; (b) reinforce service delivery models that incorporate sexual and reproductive health promotion, prevention and care, especially for vulnerable groups (indigenous and Afro-descendant populations in rural and remote areas); (c) promote the inclusion of sexual and reproductive health, gender-based violence prevention and the concerns of adolescents and youth in local humanitarian contingency plans; and (d) strengthen the capacity of humanitarian actors to prevent and respond to gender-based violence, with emphasis on sexual violence, and to monitor the availability and quality of sexual and reproductive health services.

B. Outcome 2: Adolescents and youth

18. Output 1: Increased national capacity to guarantee the human rights of adolescents and youth, through laws, policies and programmes. Through advocacy, generation of evidence and knowledge sharing, UNFPA will seek to (a) reinforce the capacity of the national youth and family welfare systems to use evidence in the design and implementation of adolescent and youth plans and programmes; (b) strengthen the capacity of youth and adolescent organizations to participate in the formulation,

implementation and monitoring of policies and programmes; and (c) support initiatives for scaling up sustainable comprehensive sexuality education programmes, to reach young people in school and out-of-school youth.

C. Outcome 3: Gender equality and women's empowerment

19. Output 1: Increased national capacity of state and civil society organizations to prevent sexual orientation discrimination and gender-based violence, as well as cultural practices harmful for the life and health of girls and women, through the delivery of multisectoral services for vulnerable groups and those affected by humanitarian crises. Through evidence-based advocacy and technical support, UNFPA will seek to (a) support inclusion of a comprehensive response to gender-based violence, sexual violence and harmful cultural practices, especially female genital mutilation, in national and subnational plans and programmes; (b) strengthen local authorities in the implementation of policies that promote gender equity and combat gender-based violence; and (c) assist civil society organizations to influence national and subnational policies and programmes related to gender-based violence; (d) help to design comprehensive strategies to address gender-based violence (included sexual violence), focusing on gender roles, stigma and discrimination.

D. Outcome 4: Population dynamics

20. Output 1: Increased capacity of national and local actors, including the national statistics system, to produce and disseminate high-quality disaggregated data and analysis on population dynamics that enables the mapping of demographic disparities and socioeconomic inequalities for poverty eradication and sustainable development. UNFPA will achieve this through advocacy, technical assistance, knowledge management and generation of evidence, aiming to (a) support production, dissemination and use of high-quality disaggregated data on population dynamics for the design, monitoring and evaluation of programmes; and (b) implement the population situation analysis as a tool to identify social gaps and formulate policies and strategies for poverty eradication and sustainable development.

IV. Programme management, monitoring and evaluation

21. The Ministry of Foreign Affairs, the Presidential Agency of International Cooperation and the National Planning Department will be jointly responsible for the management and monitoring of the country programme, following UNFPA guidelines and procedures, using a results-based management approach and accountability framework for planning, monitoring and evaluating the country programme.

22. National execution is the preferred implementation modality, through carefully selected implementing partners, based on their ability to deliver high-quality programmes. UNFPA will continuously monitor the performance of its partners and make adjustments as necessary. To the extent possible, UNFPA will rely on national monitoring systems. Where feasible, UNFPA and other United Nations organizations will develop joint programmes.

23. UNFPA will develop a resource mobilization strategy and partnership plan to engage government institutions, philanthropic organizations, donors and the private sector to contribute and leverage resources towards achievement of the intended results

24. The country office includes staff performing management and development effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources for staff members who provide technical and programme expertise, prioritizing skills sets for advocacy and policy dialogue through partnerships, negotiations and communications as well as administrative support.

25. The country office will seek technical support, including South-South cooperation, from the regional office and UNFPA headquarters. The programme will use national, regional and international expertise, as required. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to humanitarian situations.

RESULTS AND RESOURCES FRAMEWORK FOR COLOMBIA (2015-2019)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
National priority: An equitable Colombia without extreme poverty; a better-educated Colombia. Strategies: social mobility and universal access to comprehensive health and social security **UNDAF outcome:** Sustainable development				
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Percentage of live births attended (by skilled health personnel) among rural women *Baseline: 86.2%; Target: 90%* • Modern contraceptive prevalence rate *Baseline: 56.9 %; Target: 60%*	Output 1: Increased capacity of national and local authorities for the delivery of integrated high-quality sexual and reproductive health services (maternal health, adolescent sexual health, family planning, HIV and gender-based violence prevention) that include a human rights and gender equality approach, focusing on vulnerable groups and humanitarian settings	• Percentage of territorial entities that apply guidelines, protocols and standards to deliver high-quality sexual and reproductive health services as a result of implementing the national policy on sexuality, sexual rights and reproductive rights *Baseline: 0; Target: 80 %* • Number of initiatives for generation of demand for family planning *Baseline: 2; Target: 10* • Number of territorial entities that have the capacity to implement the Minimum Initial Service Package at the onset of a crisis *Baseline: 0; Target: 8* • Number of local humanitarian contingency plans that include sexual and reproductive health, gender-based violence, and adolescents and youth *Baseline: 0; Target: 8*	Ministry of Health; Department of Statistics; Colombian Family Welfare Institute; National System of Youth; civil society organizations; United Nations organizations, the private sector	$5,1 million ($1.9 million from regular resources and $3.2 million from other resources)
National priority: An equitable Colombia without extreme poverty; a better-educated Colombia. Strategies: formation of human and social capital; and social mobility **UNDAF outcome**: Sustainable development				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator(s): Number of laws and policies that allow adolescents access to sexual and reproductive health services *Baseline: 1; Target: 2*	Output 1: Increased national capacity to guarantee human rights of adolescent and youth, through laws, policies and programmes.	• Number of programmes implemented to promote access to high-quality sexual and reproductive health services for adolescent and youth (including prevention of adolescent pregnancy and HIV) *Baseline: 1; Target: 4* • Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes *Baseline: 0; Target: 40* • Number of local entities that implement comprehensive sexuality education initiatives and programmes, aligned with international standards *Baseline: 0; Target: 20* •	Ministry Education; National System of Youth; Colombian Family Welfare Institute; NGOs, youth councils; and United Nations organizations; the private sector	$1,1 million ($0.7 million from regular resources and $0.4 million from other resources)

National priority: Colombia at peace. Strategies: social mobility and safety, justice and democracy for peacebuilding **UNDAF outcome**: Peacebuilding; sustainable development				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator(s): • Number of national action plans for gender equity that include reproductive rights with specific objectives and allocations from the national public budget support *Baseline: 0; Target: 1*	Output 1: Increased national capacity of state and civil society organizations to prevent gender-based violence, as well as cultural practices harmful for the life and health of girls and women, through the delivery of multisectoral services for vulnerable groups and those affected by humanitarian crises	• Number of indigenous communities that declare the abandonment of female genital mutilation *Baseline: 2; Target: 8* • Number of civil society organizations that have implemented social accountability mechanisms for addressing the reproductive rights of women and girls, and marginalized and key populations *Baseline: 52; Target: 80* • Number of local governments with gender-based violence prevention, protection and response, including female genital mutilation, integrated into sexual and reproductive programmes and plans *Baseline: 10; Target: 50*	Presidential Council for the Equality for Women; Ministries of Health and Justice; Colombian Family Welfare Institute; National Congress; indigenous, Afro-descendant and women's networks; United Nations organizations; the private sector	$1 million ($0.75 million from regular resources and $0.25 million from other resources)
National priority: An equitable Colombia without extreme poverty. Strategy: good governance **UNDAF outcome**: Peace-building				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Number of national-level statistical outputs analysed and disseminated that contribute evidence on population dynamics and reproductive health for the formulation of policies and plans *Baseline: 2; Target: 5*	Output 1: Increased capacity of national and local actors, including the national statistics system, for production and dissemination of high-quality disaggregated data and analysis on population dynamics that enables the mapping of demographic disparities and socioeconomic inequalities for poverty eradication and sustainable development	• Number of local governments incorporating the analyses of population dynamics in their policies and plans *Baseline: 36; Target: 50* • Population situation analysis formulated, with participation of national institutions, and used to identify priorities and formulate policies and programmes *Baseline: 0; Target: 1*	National departments of statistics and planning; Ministries of Health and Housing; local governments; national youth organizations; United Nations; civil society organizations; academia	$1.3 million ($0.9 million from regular resources and $0.4 million from other resources) Total for programme coordination and assistance $0.5 million from regular resources